

Tewksbury Board of Health Department
@ The Senior Center
175 Chandler Street
Tewksbury, MA 01876
Telephone: 978-640-4470 FAX: 978-640-4472

FEE: \$135.00	EXPIRES: December 31
Date Received:	Permit #:
Date Paid:	Check No.:

APPLICATION FOR MOTEL, HOTEL, LODGING, AND ROOMING HOUSE PERMIT

ESTABLISHMENT MANAGER:

Full Name:		Telephone:
Mailing Address: (street name and number)	City:	State and Zip Code:
Email Address:		

ESTABLISHMENT NAME AND LOCATION:

Establishment Name:		Telephone:
Location Address:		
Mailing Address: (street name and number)	City:	State and Zip Code:

OWNER OF ESTABLISHMENT:

Full Name:		Telephone:	
Sole Proprietor: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Partnership: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trust: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: (street name and number)	City:	State and Zip Code:	
*(If corporation or partnership, attach names, titles and home addresses of officers.			

Total number of rooms/units:

Total number of units with kitchenettes:
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Emergency Contact: Name, address and telephone number to contact in case of emergency:	
Name: _____	Telephone: _____
Address: _____	

Rubbish Hauler name and address:	
Name: _____	Telephone: _____
Address: _____	

APPLICATION FOR MOTEL, HOTEL, LODGING, AND ROOMING HOUSE PERMIT-continued

Pesticide applicator name, address, telephone:

Name: _____

Telephone: _____

Address: _____

ATTACH THE FOLLOWING DOCUMENTS:

- "Workers Compensation Insurance Affidavit: General Business"
- Insurance Binder with your facility name and address included

I understand that I must comply with the M.G.L. and all state and local regulations governing lodging establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C section 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. OR Tax Identification Number: _____

Signature of Individual:

Date: _____

FOR CORPORATIONS:

Corporate Name: _____

Signature of Corporate Officer: _____

Title: _____

Payment shall accompany application with a check or money order payable to the "Town of Tewksbury"

FOR BOARD OF HEALTH USE ONLY:

Date Received

Check Number

Amount Paid

Permit # Issued